

PARENT/GUARDIAN

2014 WATER AEROBICS

P.O. Box 18224 ~ Shreveport,LA 71138 www.rocksolidsports.com ~ 318.402.7242

JOIN US FOR SOME FUN, FRIENDSHIP AND FITNESS AT SOUTHERN HILLS POOL!

PARTICIPANTS INFORMATION

Name	D.O.B	Sex_	
Address	Cit	у	_Zip
Home Phone ()	Work Phone ()	
Email			
<u>\</u>	WHERE: SOUTH	ERN HILLS	
	HEN: M-F 7:00 IE 2, 2014 AN		i 8, 2014 <u>)</u>
(NO ONE WILL BE	COST: \$20/N TURNED AWAY		IAL REASONS)
I verify that I am the parent/legal guparticipate in Rock Solid Aquatics. I according to their best judgment in carries no medical, dental or accide any medical or dental treatment resunderstand and agree that the above his/her risk. I agree to assume full related activities. I hereby fully and directors, officers and agents from a whether the same be anticipated or program.	hereby authorize the any emergency requiring interest in participation participation in the properties of the properties	staff and volunteer ng medical attention pants and I agree in in any Rock Solic participating in the damages or injuries didischarge Rock Sands, damages, rig	rs of Rock Solid to act for me on. I understand that Rock Solid to assume full responsibility for d, SPAR or Calvary Programs. I Rock Solid programs at s to him/her in this program and solid, it's staff, volunteers, phts of action, present or future,

DATE